

Limitations on Inpatient Hospital Services

The Delaware Medicaid program does not cover any procedure which is considered experimental by the Medicare (Title XVIII) program with the exception of transplants as defined below.

Transplant Criteria

Transplants are prior authorized using the following criteria:

Type of Procedure -

Heart	Bone Marrow
Heart/Lung	Pancreas
Liver(any age)	Kidney
Cornea	

Facility - The facility performing the transplant must have approval for performing the surgery through the Certification of Need (CON) process and must supply supporting documentation of this.

Patient - Documentation from an appropriate attending specialist and admitting facility that all of the following conditions are met:

1. Current medical therapy has failed and will not prevent progressive disability and death;
2. The patient does not have other major systemic disease that would compromise the transplant outcome;
3. There is every reasonable expectation, upon considering all the circumstances involving the patient, that there will be strict adherence by the patient to the long-term difficult medical regimen which is required;
4. The transplant is likely to prolong life for at least two years, and to restore a range of physical and social function suited to activities of daily living;
5. The patient is not both in an irreversible terminal state (moribund) and on a life support system;
6. The patient has a diagnosis appropriate for the transplant.
7. The patient does not have multiple uncorrectible severe major system congenital anomalies.

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LIMITATIONS:

- 4.b. EPSDT services are limited only by medical necessity criteria and are not arbitrarily limited in amount, duration or scope. Limitations on organ transplants are identified in Attachment 3.1-A., page 1- Addendum.

Non-State Plan EPSDT services include:

- 1) Prescribed Pediatric Extended Care (PPEC) services that are licensed as such by the State's Office of Health Facilities, Licensing and Certification and that are provided as an alternative to more expensive institutionalization or as an alternative to community/home care for children who are determined to be in medical need of the service. These services include nursing, nutrition, developmental assessment, speech therapy, physical therapy and occupational therapy in an outpatient setting, twelve hours per day, five days per week.

PPEC services will be prior authorized on an individual basis, using policy established by the Delaware Medicaid program.

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4.b. (continued)

- 2) Health Services provided in a school setting:
 - (a) EPSDT screens
 - (b) Nursing Services
 - (c) Assessment and/or Treatment as follows:
Physical Therapy, Occupational Therapy, Speech, Language,
Hearing, Vision, Dental, Immunizations, Developmental/
Orthopedic, Health Education, Psychological
- 3) Mental Health and Drug/Alcohol services approved and monitored through the Department of Services for Children, Youth and their Families. These include:
 - (a) Mental Health Outpatient Services
 - (b) Mental Health Case Management
 - (c) Professional Medical Services (i.e., neurologists, clinical psychologists, psychiatric social workers and other licensed medical providers)
 - (d) Psychiatric facility services
 - (e) Drug/Alcohol Rehabilitation Services
- 4) Assistive Technology
- 5) Orthotics and Prosthetics
- 6) Chiropractic Services
- 7) Any other medical or remedial care provided by licensed medical providers
- 8) Any other services as required by §6403 of OBRA '89 as it amended §1902(a)(43), 1905(a)(4)(B) and added a new §1905(r) to the Act

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LIMITATIONS:

- 4.c. **Family Planning:** Delaware Medicaid does not pay for fertility related services or items.
- 5.a. **Physicians Services:** The Delaware Medicaid program does not cover any procedure which is considered experimental by the Medicare program with the exception of transplants as defined on ATTACHMENT 3.1-A, Page 1 Addendum.
- 5.b. **Medical and surgical services furnished by a dentist:** These services are limited to those normally covered under this State Plan and which may be provided by a dentist under the rules governing Dental Practice in the State of Delaware.
- 6.a. **Podiatrists' services** are limited to surgical procedures and laboratory tests. Medicaid will pay for routine foot care only for people who are diagnosed as having circulatory or vascular disorders or diabetes.

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STATE OF DELAWARE

AMOUNT, DURATION AND SCOPE OF MEDICAL
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LIMITATIONS:

6.b. Optometrists' Services: These services are reimbursed:

1. as an EPSDT service (routine eye exams including refraction and provision of eyeglasses);
2. when the Medicaid recipient is also covered by Medicare and Medicare has paid for all but the patient's coinsurance and deductible; or
3. when the Medicaid recipient needs diagnosis and monitoring of the sick eye and diagnostic testing which is within the scope of the practice of optometry as defined by State law.

6.d. Other Practitioners' Services: These services are defined as Dental/Oral Surgeons, who may perform surgery and services related to surgery of the Maxillo-facial area.

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STATE OF DELAWARE

AMOUNT, DURATION AND SCOPE OF MEDICAL
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LIMITATIONS:

8. **Private Duty Nursing Services:** All requests for private duty nursing services must be prior authorized. Private duty nursing is available only for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of a hospital or nursing facility.

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9. CLINIC SERVICES

Clinic services are limited to the following:

- medical or rehabilitation clinics (including Mental Health Clinics which require certification by the Division of Alcohol, Drug Abuse and Mental Health [DADAMH] as part of the Single State Agency for Medicaid) and
- State Licensed Free Standing Surgical Centers (FSSCs) which equate to Federally defined Ambulatory Surgical Centers (~~ASSs~~) using related policies for ~~ASSs~~ described in Sections 2265 and 2266 of the Medicare Carriers Manual.

Dental clinic services are available only to EPSDT eligibles.

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LIMITATIONS

Prescribed Drugs:

The following drugs are not covered by Delaware Medicaid or are covered with limitations:

- ***DESI Drugs*** - products and known related drug products that lack substantial evidence of effectiveness. The State of Delaware does not cover DESI drugs for reimbursement purposes.
- ***Drugs Used for Cosmetic Purposes*** - products, such as Minoxidil Lotion and Retin A are not covered for adults, except for certain medical conditions.
- ***Fertility Drugs*** - are not covered when prescribed to stimulate fertility (example: Clomid).
- ***Anorectic Drugs*** - for the purpose of weight control are not covered. They may be reimbursed when prescribed to remedy hyperactivity in children and for certain sleep disorders.

Delaware Medicaid does not limit the quantity, days supply, or the number and/or frequency of refills for any prescription.

Participating manufacturers' new drugs are covered (except excluded/restricted drugs specific in section 1927(d)(1)-(2) of the Social Security Act) for six months after FDA approval and upon notification by the manufacturer of a new drug.

Prosthetic Devices:

Prosthetic and orthotic devices, as well as other durable medical equipment and assistive technology services, are covered when documented as medically necessary.

Diagnostic Services:

Medicaid will pay for the rental of an apnea monitor to monitor the breathing of an infant for whom a diagnosis of apneic episodes (near-miss Sudden Infant Death Syndrome) has been made.

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Hospice Services

Hospice services will be provided in accordance with Sections 4305 through 4307 of the State Medicaid Manual.

An additional per diem amount will be paid to the hospice provider for routine home care and continuous home care days for hospice care that is furnished to an individual living in a NF, ICF/MR or ICF/IMD. That amount will be 95% of the Medicaid reimbursement level for the individual hospice patient and for the nursing facility in which the hospice patient is residing.

The Medicare reimbursement cap will not be applied to Medicaid hospice providers.

Dually eligible beneficiaries must elect the Medicare hospice benefit at the same time that the Medicaid hospice benefit is elected in order to assure that Medicaid is the secondary payor.

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20.a.&b. Limits on Extended Services to Pregnant Women

Those services normally covered by Medicaid for all eligibles are available to pregnant women.

In addition, the following services are available with prior authorization:

- Nutrition assessment, counselling and education.
- Nursing assessment, education and referral to needed medical services.
- Social services as medically necessary to assure that home, family, community and environmental issues are not complicating the pregnancy.

Extended services to pregnant women will include the above services when given as part of a medical service provided by agencies organized, and licensed by the State of Delaware, to provide medical care.

Prior authorization will be based on complicating medical and social problems that would have a negative impact on the outcome of the pregnancy.

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LIMITATIONS:

23.a. The Delaware Medicaid program does not cover any procedure which is considered experimental by the Medicare program with the exception of transplants as defined on ATTACHMENT 3.1-A, Page 1 Addendum.

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24.a. Transportation

Transportation is only reimbursed to and from medical care that is covered under the Delaware Medicaid program.

24.f. Personal Care Services

Eligible recipients of personal care are Medicaid recipients who are disabled by mental illness, alcoholism, or drug addiction as defined in the Medicaid Provider Manual for Community Support Service Programs.

Persons eligible to provide personal care services are those who are qualified as an Assistant Clinician as defined in the Medicaid Provider Manual for Community Support Service Programs.

The recipient's physician must certify medical necessity for personal care services based on a completed comprehensive medical/psycho-social evaluation and treatment plan as defined in the Medicaid Provider Manual for Community Support Service Programs.

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